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CONFIRMATION NO. 6556

SERIAL NUMBER 09/810,865	FILING OR 371(c) DATE 03/16/2001 RULE	CLASS 703	GROUP ART UNIT 2128	ATTORNEY DOCKET NO. HERO-1-1112 / 014030.0123
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/399,122 09/20/1999 PAT 6,233,539 which is a CON of 08/781,278 01/10/1997 PAT 5,956,501

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/26/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

60683

TITLE

DISEASE SIMULATION SYSTEM AND METHOD

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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